Proposed
Form Change

Request for
Continuing Education
(CE)
Course Approval Form

CALIFORNIA ACUPUNCTURE BOARD
REQUEST FOR CONTINUING EDUCATION (CE) COURSE APPROVAL FORM
[Must be in English (C.C.R., Title 16, Division 13.7, Section 1399.484)] - **Please Print or Type**

Name of Provider _____ **CE Provider No.** _____

Address _____E-Mail Address_____

Name of CE Contact _____ Phone _____ Fax _____

Course Title_____

Course Date(s) _____ Requested No. of CE Hours _____

☐ On-site Course Location_____

☐ Distant or Home Study Course

Identify which category this course falls under: ☐ ***Category 1*** ☐ ***Category 2***

Instructor(s) _____

Has the Acupuncture Board approved the above course with your organization within the past two years? ☐ Yes / Date___ ☐ No

If YES, the provider, current course content, number of CE hours, and lecturers must be identical as presented in the past.

(Where a previously approved course is to be repeated, the provider shall notify the board in writing of the new date and location at least 30 days before the new course date.)

_____

Will there be any publicity or advertisement for these courses? ☐ Yes ☐ No

If YES, submit a copy of the publicity/advertisement (with refund policy clearly stated) for the board's review.

By signing below, I affirm, under penalty of perjury, under the laws of the State of California, that I have read and will comply with the continuing education regulations and that all statements contained in this application are true and correct.

Signature _____ Date _____

Print Name _____ Title _____

For Acupuncture Board's Use Only

☐ **APPROVE** ☐ **DENY**

Course within 45-day timeframe ☐ Yes ☐ No

Course application complete ☐ Yes ☐ No

_____

_____

_____ Authorized Signature

_____

Date

COURSE OBJECTIVES

NAME OF COURSE _____

Please provide the course objectives and include information on how this course relates to the scope of practice of acupuncture in California. Use additional sheets if necessary.

COURSE SCHEDULE/OUTLINE

Please provide a breakdown of topics that will be covered during each day of the onsite course. When counting the number of CE Units, use the standard academic hour (50 minutes) for each CE unit (lunches may not be considered for CE units).

Starting and ending times:

From - To	Topics to be covered during this time:
_____ - _____	_____
	_____
_____ - _____	_____
	_____
_____ - _____	_____
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_____ - _____	_____

INSTRUCTOR INFORMATION
[A separate 'Instructor Information' Sheet must be completed for each instructor]

Instructor's Name _____

Complete Section 'A' if the instructor is an acupuncturist; otherwise, go to Section 'B':

Section A:

Is the instructor a California licensed acupuncturist? ☐ Yes ☐ No

If Yes - License Number _____

If No, please identify License Number and Name of State _____

Is the acupuncturist authorized to act as a guest acupuncturist in accordance with Section 4949 of the Business and Professions Code? ☐ Yes ☐ No

Does the instructor have a current valid license pursuant to C.C.R. 1399.485? ☐ Yes ☐ No

Is the instructor knowledgeable, current and skillful in the subject matter of the course as evidenced through one of the following:

1. Possess a baccalaureate or higher degree from a college/university and provided written documentation of experience in the subject matter ☐ Yes ☐ No

   Degrees Earned: From [Name of the Educational Institution]

   _____ _____

   _____ _____

2. Documents experience in teaching similar subject matter content within the five years preceding the course ☐ Yes ☐ No

3. Documents experience of at least two years (within the last five years) in the specialized area in which he or she is teaching. ☐ Yes ☐ No

Section B:

If the instructor is a non-acupuncturist, does he or she meet all of the following requirements?

1. Is currently licensed or certified in his or her area of expertise, if appropriate ☐ Yes ☐ No

   Title of License or Certificate License Number and Name of State

   _____ _____

2. Provided written evidence of specialized training, that may include, but not be limited to, a certificate of training or an advanced degree in a given subject area. ☐ Yes ☐ No

3. Provided evidence of at least two years' documented teaching experience within the last five years in the specialized area in which he or she teaches. ☐ Yes ☐ No

Sample
ATTENDANCE RECORD
(Must be retained by provider for four years)

_____
Continuing Education Provider (CEP) Name

_____
CEP Number

Date(s) of Course: _____

Course Location: _____

Name of Course: _____

CE Hours/Credits: _____

Instructor Name: _____

Printed Name	**Signature**	**License No.**	**CEUs**

VERIFIED BY: _____ _____
Instructor's Signature **Date**

_____ _____
Provider's Signature **Date**

Sample
PARTICIPANT EVALUATION FORM
(Must be retained by provider for four years)

CE Provider Name and Number	**Date(s) of Course**
Course/Seminar Title	**Instructor Name**
Participant's Name and License Number	**Date of Evaluation**

Did this course meet its stated objectives?

Did the instructor demonstrate adequate knowledge of the course subject?

Did the instructor utilize appropriate teaching methods?

Do you feel that you will be able to apply what you have learned today to your practice?

Would you recommend this course to other licensed acupuncturists?

Additional Comments:

Sample

CERTIFICATE OF COMPLETION

THIS IS TO CERTIFY THAT _____ AC # _____, HAS SUCCESSFULLY COMPLETED _____ HOURS OF APPROVED CONTINUING EDUCATION.

PROVIDER NAME: _____

PROVIDER NO.: _____

_____

COURSE TITLE

_____

COMPLETION DATE

_____

COURSE LOCATION

_____ _____

INSTRUCTOR'S SIGNATURE **PROVIDER'S AUTHORIZED SIGNATURE**

_____ _____

DATE **DATE**

CALIFORNIA LICENSED ACUPUNCTURISTS ARE REQUIRED TO RETAIN THIS CERTIFICATE FOR AT LEAST FOUR (4) YEARS FROM THE DATE OF COMPLETION OF THIS COURSE.

Proposed
Form Change

Active / Inactive
License Application

CALIFORNIA ACUPUNCTURE BOARD
444 N. 3rd Street, Suite 260, Sacramento, CA 95814-0226
Phone: (916) 445-3021 / Fax (916) 445-3015
E-mail: acupuncture@dca.ca.gov Web: www.acupuncture.ca.gov

State of California
Department of Consumer Affairs
Arnold Schwarzenegger, Governor

ACTIVE / INACTIVE LICENSE APPLICATION

(Please type or print clearly)

According to the Business and Professions Code Section 701, you must have a current and active license before you can place your license on an inactive status.

1. Name:

_____
Last First Middle

2. Address:

_____
Number and Street / Rural Route (include apartment number, if any)

_____
City State Zip Code Country

3. License Number:

4. Telephone Number:
( )

☐ I wish to place my license on **Inactive Status**

I understand that while my license is on inactive status, I may not practice acupuncture in the State of California. I also understand that while my license is on inactive status, I must still pay the required renewal fee but am exempt from completing continuing education as a condition of renewal. If I choose to place my license back on active status, I must document completion of at least 50 hours of board-approved continuing education within the past two years of being inactive, with at least 45 hours being completed in coursework approved as Category 1. If my license has been inactive for less than one (1) year, I must document completion of a minimum of 25 hours of board approved continuing education, with at least 22 hours of coursework approved as Category 1.

_____ _____
Signature Date

☐ I wish to place my license on **Active Status**.

I am requesting that my license be placed back on active status. Attached are certificates of completion of continuing education courses I have completed from board-approved providers during the last two (2) years.

_____ _____
Signature Date